

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/14/2023	
NAME OF PROVIDER OR SUPPLIER: EAST NORRITON SURGICAL CENTER, LLC STATE LICENSE NUMBER: 50851501			STREET ADDRESS, CITY, STATE, ZIP CODE: 317 WEST GERMANTOWN PIKE, SUITE 102 EAST NORRITON, PA 19403				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0000	INITIAL COMMENT			S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE							
TITLE:							
(X6) DATE:							

Pennsylvania Department of Health

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S 0000	Continued from page 1 This report is the result of an Initial State licensure survey and occupancy survey conducted onsite on March 21, 2023, and completed offsite on April 14, 2023, at East Norriton Surgical Center. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999, and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.	S 0000			

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Certified End Page

EAST NORRITON SURGICAL CENTER, LLC

STATE LICENSE NUMBER: 50851501

SURVEY EXIT DATE: 04/14/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY